09/675,459

Approved for use through 11/30/2011, OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMS control number. Application Number Filing Date

POWER OF ATTORNEY

22

signature is required, see below. *Total of _

forms are submitted.

REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		First Named inventor		MaryAnn Zunker	
		Title	URIN	ARY INCONTINENCE DEV()	
		Art Unit	3761		
		Examiner Name	CATH	IARINE L ANDERSON	
		Attorney Docket Numb	or 14476	3	
I hereby revoke all I	previous powers of attorney given i	in the above-identifie	annlicat	ion	
***************************************		THE WOOD TO THE	white		
	mey is submitted herewith.	p			
OR	n Cuetemor	Customer 2255			
	Practitioner(s) associated with the following ur attorney(s) or agent(s) to prosecute the :			23556	
identified above.	itales Palent				
and Trademark (Office connected therewith:				
	Practitioner(s) named below as my/our atto	orney(s) or agent(s) to pro-	ecute the a	pplication identified above, and	
to transact all bu	siness in the United States Patent and Tra-	demark Office connected t	erewith:		
	Practitioner(s) Name		Registration Number		
	r change the correspondence addr		ntified ap	plication to:	
The address ass OR The address assi OR	r change the correspondence addir ociated with the above-mentioner Custome ociated with Customer Number;		ntified ap	plication to:	
The address ass	ociated with the above-mentioned Customs		ntified ap	plication to:	
The address ass OR The address assi OR Firm or	ociated with the above-mentioned Customs		ntified ap	plication to:	
The address ass OR The address ass OR Firm or Individual Name	ociated with the above-mentioned Customs		ntified ap	plication to:	
The address ass OR The address ass OR Firm or Individual Name	ociated with the above-mentioned Customs		ntified ap	plication to:	
The address ass OR The address ass OR Firm or Individual Name Address	ociated with the above-mentioned Customs	er Number.	ntified ap		
The address ass OR The address ass OR Inferior Individual Name Address Gity	ociated with the above-mentioned Customs	er Number.	ntified ap		
The address ass OR The address ass OR Individual Name Address City Country	ociated with the above-mentioned Customs	er Number.	ntified ap		
The address ass OR The address ass OR The address ass OR Firm or Individual Name Address City Country Telephone I am the:	ociated with the above-mentioned Customs	er Number.	ntified ap		
The address ass OR The address ass OR The address ass OR Firm or Individual Name Address City Country Telephone I am the: OR OR	ociated with the above-mentioned Customs collected with Customer Number:	er Number.	ntified ap		
The address ass OR The address ass OR Film or Individual Name Address City Country Telephone I am the: OR Applicant/Invento OR	ociated with the above-mentioned Custome collected with Customer Number:	State	ntified ap		
The address ass OR The address ass OR Film or Individual Name Address City Country Telephone I am the: OR Applicant/Invento OR	ociated with the above-mentioned Customs aciated with Customer Number: or or or of the entire interest. See 37 CFR 3.71, 37 CFR 3.75(b) (fram PT03696) submit	er Number. Slate Email Email			
The address ass OR OR The address assign of the address as address as address as a the address as a the address as address as a the	ociated with the above-mentioned Customs ociated with Customer Number: or or of of the entire interest. See 37 CFR 3.73, 37 CFR 3.73(s) (Farm PT0.0E96) submit	State Email	ord	Zip	
The address ass OR The address ass OR The address assion R Film or unifolded Name Address Gity Country Telephone I am the: Applicam/linventc OR Assignee of reco. Statlement under	ociated with the above-mentioned Customs ociated with Customer Number: If of the entire interest, See 37 CFR 3.71, 37 CFR 3.73(b) (From PTOSE96) submit SIGNATURE of Appl Ullican B. Drub Krub kit	State Email Email Ited herewith or filled on	ord Side	Zip	
The address ass OR OR The address assign of the address as address as address as a the address as a the address as address as a the	ociated with the above-mentioned Customs ociated with Customer Number: or or of of the entire interest. See 37 CFR 3.73, 37 CFR 3.73(s) (Farm PT0.0E96) submit	State Email Email Ited herewith or filled on	ord	Zip	

This collection of information is required by 37 CFR 1.31 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file land by the USPTO to process an application. Centification is software to take a manufacture of the USPTO. The will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

U.S. Patern and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number.

	ST	ATEMEN	T UNDER 37 CFR 3.73(b)				
Applican	t/Patent Owner, MaryAnn Zunker						
	on No /Patent No.: 09/675,459		Filed/Issue Date: 09-28-2000				
Titled:	URINARY INCONTINENCE DEVICE						
Kimberly	/-Clark Worldwide, Inc.	a	Delaware Corporation				
(Name of Assignee)			(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.				
states th	at it is:						
1. 🛛	the assignee of the entire right, title, as	nd interest	in:				
2.	an assignee of less than the entire rigit (The extent (by percentage) of its own	nt, title, and ership inte	d interest in rest is %); or				
3.	the assignee of an undivided interest i	n the entin	ety of (a complete assignment from one of the joint inventors was made)				
the pate	nt application/patent identified above, by	virtue of el	ther:				
A. 🔀	An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reei 011469 Frame 0320 or for which a copy therefore is attached.						
OR	sopy the state to allow rou.						
В. 🗌	A chain of title from the inventor(s), of	the patent	application/patent identified above, to the current assignee as follows:				
	1. From:		To:				
	The document was recorder	d in the Un	itled States Patent and Trademark Office at				
	Reel	Fram	e or for which a copy thereof is attached.				
	2. From:		To:				
			ited States Patent and Trademark Office at				
	Reel	Fran	ne, or for which a copy thereof is attached.				
	3. From:		To:				
	The document was recorded	d in the Ur	nited States Patent and Trademark Office at				
	Reel	Fram	or for which a copy thereof is attached.				
	Additional documents in the chain of	title are lis	ted on a supplemental sheet(s).				
	is required by 37 CFR 3.73(b)(1)(i), the or concurrently is being, submitted for reco		iy evidence of the chain of title from the original owner to the assignee was, resuant to 37 CFR 3.15.				
			inal assignment document(s)) must be submitted to Assignment Division in ment in the records of the USPTO. See MPEP 302 08]				
The und	lersigned (whose title is supplied below) is						
alysa a Dudkorski			October 19, 2009				
	Signature		Date				
	A. Dudkowski		Assistant Secretary				
	Printed or Typed Name		Title				

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTC to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 monutes to complexe, including gathering, respansing, and superstiting the completed application from the thi-SIPTIO. There will vary appearing the interfacilitation can have amount of time you notice to complete this form and/or applications for variousing this burder, almost per a horizont for the CIPTIO. There will vary application for the CIPTIO of the CIPTION of the CIPTIO December of Commerce, P.O. Box 1456, Alexandria, VA. 22313-1456. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/S847 (03-08)
Approved for use through 3331/2012 OMB 065-loans
U.S. Patent and Trademark Office: U.S. DPPARTMENT OF COMB 065-loans
Under the Paperwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it deplays a valid CAMB content number.

"FEE ADDRESS" INDICATION FORM

Address to:		Fax to:					
Mail Stop M Correspondence		571-273-6500					
Commissioner for Patents	- OR -						
P.O. Box 1450							
Alexandria, VA 22313-1450							
		application(s) listed on this form. In addition,					
		be established as the fee address for maintenance uld be established when correspondence related to					
maintenance fees should be maile	ssj. in iee aggress snoi d to a different oddress	than the correspondence address for the application.					
		ner Number to represent the fee address. When					
		er Number representing the desired fee address,					
in which case a completed Reques	in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For						
more information on Customer Nu	nbers, see the Manual	of Patent Examining Procedure (MPEP) § 403.					
For the following listed application(s)	, please recognize as the	ne "Fee Address" under the provisions of 37 CFR					
1.363 the address associated with	, prodoc roosgrazo de c	to the state of the previous to or of the					
Customer Number 235	56						
2.00	00						
OR							
The attached Request for Cus	tomer Number (PTO/SE	3/125) form.					
73 A 777 A 77 A 33 (A 4507	<u> </u>	ADDITO ATION AN OLOND					
PATENT NUMBE	r	APPLICATION NUMBER					
 		NAME TO					
6,969,380	U	9/675,459					
Completed by (check one):							
Applicant/Inventor		aluma a Landkoundi					
C Abbacanos serior		Signature					
		() Organization					
Attorney or Agent of record		Alyssa A. Dudkowski					
	(Reg. No.)	Typed or printed name					
		71 920-7212433					
Assignee of record of the entire in Statement under 37 CFR 3.73(b)	interest. See 37 CFR 3.	71. 920-7212453 Requester's telephone number					
(Form PTO/SB/96)	is enviosed.	Requester's relephone number					
(10.101.10.00.00)							
Assignee recorded at Reel	Frame	October 19, 2009					
		Date					
NOTE. Signatures of all the inventors or assumees	of record of the entire interest or to	hair representative(s) are required. Submit multiple forms if mure that one					
signature is required, see below".							

This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTC to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete.

forms are submitted.

(Z)